Background

'Fixed Length description elements' were not appearing as fixed length.

Loop 2300, Health Coverage
Segment HD, Health Coverage
HD04, Plan Coverage Description.

For 'HMO' Enrollment – regular health plan enrollment information, the HD04 element should appear as:

        HD04   Plan Coverage Desc
                (RRRRPPPPPPNNNNNNNNNNNNNNNNNNNNNNNNNCC)
                1234123456APIPA   AE*
                1234**

        *   Rate Code   X(4)
                Prior Plan ID   X(6) [if present, otherwise spaces]
                Prior Plan Name   X(25) [if present, otherwise spaces]
                Action Code   X(2) [either AA or EC only, otherwise spaces.

        **   In this example, there was no Prior Plan Id, Prior Plan Name or
                Action Code of AA or EC. There will be no trailing spaces, the
                segment will end with the rate code.

For 'FAC' Information, the HD04 element should appear as:

        HD04   Plan Coverage Desc
                N123456Oakley, Annie W*
                (INNNNNNPPPPPPPPPPPPPPPPPPPPPPPPPPP)

                LTC Transition (Y or N)   X(1)
                Provider ID   X(6)
                Provider Name   X(25)
                (The provider name can be the name of an actual facility OR the name of
                an individual who is providing care for the member.)

Please note that the LTC Transition Field will either contain a "Y" or an "N" rather than "Y" or "blank" as in the proprietary rosters used today. Leading blanks are not allowed in X12 transactions, so the "N" was added.

Transaction 1a: New Member with No TPL

AHCCCS Action Type: A
AHCCCS Action Code: AE

1000A Sponsor

Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer

Entity Identifier:	IN
Insurer Name:	PERFECT HEALTH PLAN
ID Qualifier:	F1
Insurer Ident Code:	681234567

2000 Member Level Detail

INS01	Insured Indicator:	Y
INS02	Relationship Code	18 (Self)
INS03	Maintenance Type	021(Addition)
INS04	Maintenance Reason	28 (Initial Enrollment)
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	Subscriber Number Qual	0F (Subscriber Number)
REF02	AHCCCS ID	A22222222
REF01	Case Number Qualifier	3H (Case Number)
REF02	Case ID	A23456789
REF01	ID Qualifier Qual	ZZ (Mutually Defined)
REF02	Primary AHCCCS ID	A33333333
REF01	ID Qualifier	17 (Client Rpt Cat)
REF02	Voucher Number	123456789
DTP01	Date/Time Qualifier	356 (Enrl From Dt)
DTP03	Status Information Eff Dt	20030101

INS04 is translated from pre-HIPAA AHCCCS Action Codes. In some instances it will not be present. Codes "AA" and "EC" will appear in the 2300 Loop's HD04 element. Some of the others were not mapped.

INS06 is required if a member is being enrolled or disenrolled in Medicare or has been terminated or changed their Medicare enrollment. In the example, the "E" in situational element INS06 means simply no Medicare.

2100A Member Name

NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	JOAN
NM105	Mname	W
NM108	SSN Qualifier	34 (SSN)
NM109	SSN	526650902
PER01	Contact Function Code	IP (Insured Party)
PER03	Comm Number Qual	HP (Home Phone)
PER04	Residence Ph Num	6025669087
N301	Member Residence	2 N. FIFTH ST
N302	Member Residence City	PHOENIX
N401	State	AZ
N402	ZIP	85034
N405	Location Qualifier	CY (County/Parish)
N406	Location ID Code	13 (AHCCCS County Code)
DMG01	Date Format	D8
DMG02	Member DOB	19721201
DMG03	Gender	M
DMG04	Marital Status	S
DMG05	Ethnicity Code	7 (Not Provided)
LUI01	Lang Code Qual	LE (ISO 639)
LUI02	Mbr Language Cd	ENG

2100C Member Mailing Address

N301	Member Mail Street	P.O. BOX112
N401	Member Mail City,	PHOENIX
N402	State	AZ
N403	ZIP	85034

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                    2300  Health Coverage

HD01    Maintenance Type Code    021
HD03    Ins Line Cd              HMO
HD04    Plan Coverage Desc
            1234123456APIPA                AE*
            (RRRRPPPPPPNNNNNNNNNNNNNNNNNNNN
            NNNNNNCC)
DTP01   Date/Time Qualifier      348 (Benefit Begin Date)
DTP03   Coverage Period          20030101 (Enrol From Dt)
REF02   Ins'd Group/Policy #     A (Contract Type)


* =     Rate Code       X(4)
        Prior Plan ID   X(6) [if present, otherwise spaces]
        Prior Plan Name X(25) [if present, otherwise spaces]
        Action Code     X(2) [either AA or EC only,
                        otherwise spaces.
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              2320  Coordination of Benefits *)

COB01  Payer Respon Seq       U (Unknown)
COB02  Ins Group or Policy #   12345601
COB03  COB Code               5 (Unknown)
REF01  Ref ID Qualifier       6P (Group Number)
REF02  Ins Group/Policy No     22200
N102   Insurer Name           KAISER
DTP01  COB Date/Time Qual     344 (Begin Date)
DTP02  Date Format Qualifier   D8
DTP03  COB Date               20021202
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                    2300  Health Coverage

HD01    Maintenance Type Code    021
HD03    Ins Line Cd              FAC (LTC)
HD04    Plan Coverage Desc       N123456Oakley, Annie W*
            (INNNNNNPPPPPPPPPPPPPPPPPPPPPPPPP)
DTP01   Date/Time Qualifier      348     (Benefits Begin)
DTP03   Coverage Period          20030101 (Process Date)


* =     LTC Transition (Y or N)  X(1)
        Provider ID              X(6)
        Provider Name            X(25)
                (The provider name can be the name of an
                actual facility OR the name of an individual
                who is providing care for the member.)
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